

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 22, 2006
Secretary of State**

DOCUMENT# N99000002407

Entity Name: PHILIPPINE-AMERICAN ASSOCIATION OF GAINESVILLE AND SURROUNDING AREAS, INCORPORATED

Current Principal Place of Business:

PAG-ASA
P.O. BOX 5485
GAINESVILLE, FL 326025485

New Principal Place of Business:

Current Mailing Address:

PAG-ASA
P.O. BOX 5485
GAINESVILLE, FL 326025485

New Mailing Address:

FEI Number: 59-3589614 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ESTILONG, ABBY J
13266 SW 1ST PL
NEWBERRY, FL 32669 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: LIGHTNER, EDNA
Address: 3435 NW 34TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: P () Delete
Name: CANLAS, LINDA
Address: 24606 NW 24TH AVE
City-St-Zip: NEWBERRY, FL 32669

Title: S () Delete
Name: BUJIE, GLEE
Address: 10013 HWY 27N
City-St-Zip: ARCHER, FL 32618

Title: BOD () Delete
Name: MARQUINEZ, ANGIE
Address: 6025 NW 30TH TERR
City-St-Zip: GAINESVILLE, FL 32653

Title: V () Delete
Name: ESTILONG, ABBY
Address: 13266 SW 1ST PL
City-St-Zip: NEWBERRY, FL 32669

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ABBY ESTILONG

Electronic Signature of Signing Officer or Director

V

05/22/2006

Date